

EOHHS Task Force  
January 25, 2016  
1:00pm – 3:00pm  
Meeting Minutes

Attendees: [insert attendees from sign in sheet]

I. Welcome – Senator Izzo

Sen Izzo welcomed everyone to the meeting today. We do not have a very long agenda today, so we will likely finish up a bit early. I would like to allow the Medicaid Director to go first on the agenda line up today to accommodate her schedule.

II. Systems Update – Anya Rader Wallack, Medicaid Director

Anya Wallack: My understanding is you all would like an update on the UHIP system and implementation of Phase II. I was sent as I am the person who worries the most about it, but am still learning so we can get you more detailed answers as needed. My role is to make sure that as we roll out Phase II of UHIP {in July. IUHIP is the unified health infrastructure project, which involves two major phases, the first phase was implementation of a new eligibility system, through which workers in various places within and outside of state government can enroll people in this program. Phase I was the health insurance exchange and MAGI Medicaid, or 'simple Medicaid' which only involves financial Medicaid, and which applies also to those in the expansion of Medicaid in the ACA. Phase I was used mostly by our Healthsource RI contact center, and some other navigators also used it. Deloitte is our product developer. We took advantage of the opportunity to get a lot of additional fed dollars to ramp up our programs. Phase II is to roll other things onto that platform – SNAP, TANF, WIC, everything that was supported by the system InRhodes will now migrate over to UHIP.

It does entail shutting down InRhodes, transfer data from the exchange and InRhodes to UHIP, and prep it for a lot more data, a lot more clients. From state government perspective we have to plan this out. Plan the project, but then also train up all the workers to use this new system, moving from using InRhodes to using the UHIP system. UHIP system will be called RI Bridges. Come July all of our workers whether at an eligibility unit at EOHHS, or at DHS, or HSRI, they will all use the same system. This will achieve real efficiencies, having a unified data base for our clients where no matter the program you are applying for all goes into the same database. Having user friendly for workers and for clients who can do self-serve, and for families seeking multiple types of benefits, one stop shop. You come through one door, routed automatically to what you may be eligible for. In terms of getting ready for this transition at EOHHS and DHS we have a number of activities underway, first and foremost communicating with the folks who work in our agencies about this change, what it means for them about their work flow. We are in the process of doing testing of the system, unit by unit to ensure the new system emulates the results in the current eligibility system. For example if you work in the Katie Beckett unit making sure that the client is treated the right way by the new system. There has been an enormous training effort already started in

pilots in field offices, and that will continue. It is a big change for all, in particular at DHS to ensure we are ready. Developing training for all different levels of capability. We have contingency planning going on around what will happen when the system will need to be down. The system will be down for four days in the start of July, and we are working to be sure we have all we need to keep things moving on a paper basis for those four days to get to the new system. We cannot go back to the old system if the new system does not work, so Deloitte has planning and people going in to plan to deal with any bugs, which will be a natural lift. Deloitte does regular releases of new software into the health insurance exchange environment and they have become much more stable, with the last two releases showing virtually no problems, and hopefully those lessons will translate into this new launch as well.

Make sure that you all will know what to do if you encounter a problem that we work on communication.

Sharon Terzian: What happens to those in the system?

Ann Martino: At the time of renewal you will have the opp to indicate if you are interested and be enrolled in other services. Most who are eligible have an online account – and those who have not in the past will now also have access – to make requests to get their notices, to correspond with this new integrated system. I think we will be out in front to let people know. I have seen the notices and they have

Sharon Terzian: I haven't seen anything really yet on the Medicare side.

Ann Martino: On the Medicaid side you will see some new changes, hopefully all easier.

Comment: Since MMIS is so built on Medicaid eligibility will that have any impact on claims processing during that transition period?

Anya Wallack: There may be some impact but we are working with HP to help them prep and plan for that time as well. This has more to do with eligibility, as claims can back up and then restart. On the managed care side working with Deloitte.

Maureen Maigret: This is not just for Medicaid, for the whole menu of services?

Anya Wallack: All except child services, yes.

Maureen Maigret: Ok so case example, an older person wants to apply for SNAP. They go into this system and apply.

Anya Wallack: For the MPP they would. For the other programs it depends on what they ask for and the information they put in. If you go in and just request LTSSS, and then give us that appropriate information then that wouldn't trigger what is needed for snap. If you say you want to see if you are eligible for all programs you click that and then are asked for additional information to determine what you are eligible for.

Maureen Maigret: I ask that because I think that people are leaving money on the table as they are not aware they are eligible for the new benefits.

Anya Wallack: Right and that is a big part of that.

Ann Martino: There is a screening component of this too, which will include anonymous browsing.

Kathleen Kelly: We talked about simple Medicaid and complex Medicaid – where does long term care fall?

Anya Wallack: That is complex Medicaid. And the system will cover both.

Ann Martino: Everyone who comes in, fills out a form, see if eligible under MAGI, can then see if eligible under other categories.

Jim Nyberg: How long it takes for an app to get approved is now a concern. Has that been addressed?

Anya Wallack: Our hope is that this will speed this up significantly.

Ann Martino: Right, we will eventually be able to verify income, see your SSI payments your SSDI payments. While we already do that on the MAGI side we want to do that on the complex side. Also eventually we will add in assets.

Anya Wallack: This is also intend to take us to an entirely paperless filing system. All offices will have scanners, and all docs will be submitted through scanners. This will be a big deal in terms of the volume of storage but more importantly the accuracy and speed in which we can recall things. The system is intended to cross train workers who have tasks set up for them automatically so a worker can fire up a machine from anywhere and their task queue which shows what needs to be worked on will be there. This will be the year of implementation of course, so anticipate bumps.

Patrice Cooper: Timing with July – to assure that the MCOs receive eligibility files before that cut off, as July 1 is often a big transition date for us, and we want to be able to confirm eligibility.

Anya Wallack: Yes, good – can you email me to remind me of that and I will be sure to send that over to make sure that is scheduled.

Senator Izzo: In the training, are there planned opportunities for providers or families, those who are not employees can have an opportunity to understand this.

Anya Wallack: I am not certain what has been planned to that end – we have demos set up, and I know some low income advocates have been in the demo in the past – but that is something that we will note here and bring up at the planning meetings.

Maureen Maigret: This doesn't relate to the system, but while you are here. This task force was originally the global waiver task force, and when the global waiver was implemented it was required to give updates to Senate HHS to report expenditures and eligibility numbers to the general assembly. Those haven't been done in some time, and I wondered why and when

Anya Wallack: Sounds like a great idea, but how long ago did you get those?

Virginia Burke: The last quarter of calendar 2013.

Maureen Maigret: There was another provision of an article that passed on or two years ago, which called for six monthly reports, we saw one of those, but have not seen them since. The original report was very lengthy and could have been streamlined, but we are hoping for data.

Anya Wallack: Okay thank you I will take that back to my staff and find out more. I am very interested in streamlining data and dash boarding, so I am sympathetic, and I think we have

work to do to put them in formats and make them useful.

Maureen Maigret: Particularly in July with this new system it would be nice to know if we made progress.

Ann Martino: One of the reason I think that we stopped was that we have these two systems, and aggregating the data as we had in the past, there we questions about whether or not we could deliver the same data in an accurate way. I think a conversation was had with the Senate to allow for that time lap. We are sensitive to that issue, and we still do post the transition data, and data on expenditures that does go to the GA? WE do have a new data person at EOHHs, Kim Paull, who will be really instrumental in pulling the data together overall. Those multi system issues were indeed

Anya Wallack: I will tell you from being at HSRI on the eligibility side the system did give us great stuff. We would crank our reports for the legislature on numbers going out each month, as well as our customer service information. The expenditure data is still separate on the MMIs, but on the eligibility side we should be able to improve what we can produce.

Ann Martino: And we will be developing outcome measures on Nursing Home's well at the behest of the governor's office.

Anya Wallack: The governor has made a push to have all the departments have strategic plans and make sure there are metrics to measure the goals of the strategic plan. Those are tied to the budget and will go up online pretty soon.

Maureen Maigret: I raise this as RM has a goal of 50:50 by 20:20. We need to know what the numbers are to see where we are.

Christine Gadbois: Will this facilitate the APCD?

Anya Wallack: It doesn't really relate. It is about enrollment, eligibility and determinations. Claims still get paid through MMIS and through the payers. The APCD pulls together all of those claims and get a sense of healthcare services. Should be made available publicly soon. We can bring that back at a future meeting.

### III. Rules Update: LTSS – Ann Martino

Ann Martino: The two things on the agenda today to talk about in rules we are unable to give more on. On the ICI rule that talks about all managed care systems related to all adults with disabilities and elders, there are gaps. So the rule has been delayed. We need to be able to explain to you what will happen with those gaps, what will happen now that 4CP is being redesigned. There is a meeting today at 4pm to really go into work on this. We will set up a separate meeting from this Task Force so that we can talk about these rules and get feedback prior to posting and going to public hearing. I will work with Jennifer Bowdoin to get this done soon. It is putting them into the rule in plain language that all can understand.

The second thing we hoped to discuss today was the follow-up to the discussion we had to the changes of Nursing Home Level of Care (LOC). We have criteria related to receiving Nursing Home level services in a nursing facility vs in a HCBS. In the last set of rules we provided, we did include those proposed changes in the LOC criteria at the highest level. It was a reinventing initiative, we did provide an opportunity to provide input, lots of questions that came up, as it would affect individual benefits. At this point we are putting

the LOC initiative on hold in discussion w feds re: our waiver authority. So while that discussion is underway we will move forward with the rule excluding the changes to the LOC. So, I will go back and discuss with our legal team whether that requires a re-noticing of the entire rule, as almost all of the concerns we received were on LOC, to see if we can go forward with the rule that sets the stage for many LTC changes. A big shout out to Stephanie Terry and Paula Parker who have been working on the LTC eligibility process, on a regular basis. Much of what is in that rule sets the stage for all that going forward. If you have concerns about those things not related to LOC let us know and I am happy to help you as best I can and answer all I can. At this time though we are not moving forward with the LOC changes until we conclude our discussions with our fed partners to determine what we have authorization to do.

You will be seeing a set of rules coming fast and furious. UHIP will allow us to streamline income eligibility for LTSS. Truncate eligibility categories, streamline, will need to keep SSI aside. We will treat folks the same irrespective of where they are applying for these services. We promised to do it in the waiver and still moving forward. It is all now to be HCBS services and all subject to the same eligibility criteria, same spousal requirements, much more streamlined. That will be coming.

Also be some rules coming to address eligibility side for those on SSI related programs that are non-LTSS. We have a group of people not in the expansion group 19-64 who have disabilities and come through that door low income elderly and disabled door. We are hoping to streamline the criteria there as well in a way that is advantageous and does not impact folks negatively. Everyone who applies will be tested for MAGI fist and then have the option to decide whether they want to seek eligibility in another category. Those not seeking LTC but what three months of retro, who are in the Medicare premium program, they will go through DHS II. Everyone else will comet through MAGI door ad there are no other difference in benefits. Two big differences between MAGI and LIED are you cannot have Medicare or be eligible for under the expansion group. We do not test your assets; for the LIED pop you can have Medicare, but then not in RHP, and we will evaluate your assets. If you are above 100 then the next phase if you want the three month retro is medically needy. If you do not have Medicare then MAGI door is easier.

Ann Mulready: Will UHIP also do Sherlock?

Ann Martino: Yes. System will ask questions and based on responses it will be MAGI, Sherlock, LIED, Medically Needy, Medicare Premium payment program. All will make it all the way through and you will be given options to either continue to stay at a level you are. A different approach to Medicaid eligibility for our clients. E In the rules as they exist right now through. On the LTC side if you answer the question that you need assistance w activity for daily living, you will be flipped to that app but all online. The onus is on us to be sure people are aware but they will not be less aware or capable than we are now. The system will be telling you, and the DHS staff will enter that info into RI bridges ideally.

Maureen Maigret: If a person is on the MAGI side and they turn 65 and become eligible for Medicare, which as the other side, you are flipped. At that point your income might be

greater than 100% FPL, and you may have assets over \$4,000 as on MAGI you didn't need. What happens then?

Ann Martino: You would no longer be eligible. You would need to approach the legislature if you wanted that change. Those on the LTC side will mostly be fine, as under medically needy.

Senator Izzo: Will we keep an eye on that number so we see who are impacted?

Ann Martino: We do that now – when you turn 65 you would be dis-enrolled from a particular program and this is what we would need from you to test for LIED. We are obligated under fed and state law to test you for every other form of eligibility before we close you. You would go through that whole process and look to see if eligible for those programs before you are terminated if you provide us with the appropriate information.

Sharon Terzian: If you are a person with a disability who works, then it would require you to get more care?

Ann Martino: Then you would be a candidate for Sherlock. Which is one of the more underutilized program.

Sharon Terzian: My daughter had an income disregard because she is a student, but now is no longer a student so doesn't.

Ann Martino: We will wrap around services you have/services you need, and would just have to pay that premium. It could only be as high as \$99 if your income is above \$150.

Sharon Terzian: This is all great, but I never did any of this; I went to SSI to fill out the forms, and then they would tell you based on the forms what they see you eligible for but I could never tell.

Ann Martino: Right and hopefully you will be able to give us feedback on that as we roll out that new system.

Ann Martino: That is the update I have right now. We don't want to speculate so will wait.

#### IV. Look Ahead: Upcoming Meetings – Ann Martino

Next meeting will be February 29, and we will circulate again the 2016 schedule. At our next meeting we will seek to talk about an update from the Children's Cabinet, and update on our other programs, and to whatever extent we can give you an update on the rules. Matt Harvey is convening an internal group on interoperability and eligibility.

Ann Mulready: You mentioned you are looking at what else we can talk about person centered planning. I wondered if in those provisions, which were supposed to be in place 2 years ago, we will move that forward. There seems to be more of a focus on other portions of the rule vs person centered planning.

Ann Martino: Absolutely we will make a note and try to get it on the agenda.

Sharon Terzian: There are hearings on the re-authorization of CEDARR next week.

Ann Martino: I don't see anyone in the room who is currently working on that, but my understanding is reconfiguring the payment strategy, but I don't know more than that. I believe it is about payment methodology.

Maureen Maigret: Request for a budget/legislative update in our February meeting as well.  
Ann Martino: Yes. We can ask Mike Cronin to come and give that update.

Christine Gadbois: At the Nov meeting you provided a Dashboard on RM. Can we have that again?

Ann Martino: Yes, we are looking to present those to you every other month so it is official. We will work on having someone update a website posting on when the hearing is regarding initiative updates before the Senate.

Nicholas Oliver: At our last meeting requested an overview of OPI, where are we on that?

Ann Martino: Yes we did have a note about that. The head of OPI underwent surgery, so we are waiting for him to come back to give that update. We definitely have that on the list thank you.

V. Public Comment

VI. Adjourn